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A review of the outcomes of women attending for pre-conception counselling at the Sheffield combined obstetric and rheumatology clinic, 2002 to 2013

The Combined Obstetric and Rheumatology Clinic was established in Sheffield in 2002 to support women with rheumatological conditions before and during their pregnancies. This project was undertaken to review the experiences and outcomes of those attending for pre-conception counselling.

A retrospective review of the case notes of 84 patients attending for pre-conception counselling between January 2002 and December 2013 was undertaken.

18 women had inflammatory arthritis. 59 had connective tissue diseases; systemic lupus erythematosus (SLE) in 44 cases (75%). 4 women had anti-phospholipid syndrome (APLS) in association with SLE and 5 had it in isolation. 1 woman had Behçet's disease and 1 granulomatosis with polyangiitis.

51 (61%) were advised it was safe to conceive. 11 (13%) were recommended to improve control of their rheumatological condition, and 19 (23%) to stop or change their disease modifying anti-rheumatic drugs (DMARDs) before conceiving. 3 women were warned that pregnancy would be unsafe.

Of all the women attending for pre-conception counselling, 39 (46%) went on to conceive. There were 9 first trimester miscarriages, 1 second trimester miscarriage and 1 ectopic pregnancy. There was 1 unexplained stillbirth at 39 weeks, and 1 perinatal death at 7 days.

23 women (82%) had stable disease during their pregnancies. Of those who flared, 3 were managed with prednisolone and 1 with an increased dose of sulfasalazine.

Of the 28 women who delivered, 3 had planned and 9 emergency caesarean sections, 10 were induced and 5 required instrumental deliveries. Maternal complications included pregnancy induced hypertension (4 patients), pre-eclampsia (1), foot ischaemia post-partum (1 patient with APLS), Group B streptococcus (2), placental abruption (1), and uterine rupture (1).

Foetal complications included meconium aspiration (1 baby), shoulder dystocia (1), atrial septal defect (1), foetal distress and prematurity (3), intra-uterine growth restriction (2), cerebral haemorrhage and perinatal death (1) and 1 stillbirth.

These numbers compare unfavourably with national pregnancy statistics. In the United Kingdom, there are approximately 20 miscarriages and 1 ectopic per 100 pregnancies, and in 2015, approximately 0.4% of pregnancies ended in stillbirth.

NHS hospital episode statistics show rates of caesarean sections and inductions have increased over the 13 years of this review: caesarean sections from 8 to 11% of deliveries, and inductions from 15-22%. Nevertheless, both occur more frequently in our patient group: 36% of women were induced, and 43% had caesarean sections. Similarly, maternal complications are higher in our cohort compared with UK rates. In 2015, pregnancy induced hypertension occurred in 2.48%, pre-eclampsia in 2.07% and placental abruption in 0.43%.

The combined clinic recognises the high risk nature of its patient group. Within this context it offers careful pre-pregnancy counselling and close monitoring during pregnancy to help ensure disease stability and optimal outcomes for mother and child.